Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	9-6-2013	Address:	6785 Smith Creek Rd
Incident #:	13ispc008938		Lanesville, In
County:	Floyd		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, e apply) or Birch Reaction(s):	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☐ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated les occurring:	tions of home: clean disarray
This report l	has been faxed* or emailed to the fol	lowing agencies th	at serve the location:
Fire Department City, Township or County Georgetown VFD Fax: Mailed Health Department County: Floyd Co Fax: Emailed Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: K Smith Phone 812-246-5424			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.